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"At My Age, Its Perhaps the End of My Walking or the End of a Lot of My Life": A Phenomenological Study of the Lived Experiences of a Serious Fall to Independent Older Adults

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Abstract

The purpose of this original research was to describe the lived experience and meaning of a serious fall to independently residing older adults. A qualitative phenomenological approach was utilized with a purposive sample of 19, independent, high-level functioning older adult residents of a Continuing Care Retirement Community to describe their most serious fall and its personal meaning. Traced through multiple data sources, interpretive analysis of the language expressed by older adults were integrated to support emergent themes, which were then validated with secondary samples. Demographic, functional, activity, fall and injury histories were obtained. A serious fall was distinct from other falls because they were sudden, unpredictable events happening during usual activities like walking or showering. These falls were perceived "serious" because they changed life [as they knew it], signaling aging, fear of potential disability or a need to take preventive action. Most experienced distressful emotional responses such as anger, frustration, fear of falling or disability, trauma, pain, helplessness, hopelessness and embarrassment, while four encountered physical injury. A serious fall was perceived differently to study participants than other prior falls. This finding suggests the impact a serious fall has in the life of an older adult, needs to be fully explored

during an individualized post fall assessment. Important discovery of a serious fall's impact on the emotional, functional and social well being of the older adult can then guide an appropriate post-fall plan of care. Although the data were acquired years ago, the meaning of a "serious" fall by an older adult possessed enduring outcomes of a 'changed life', i.e., altered personal, social and functional self. The significance of this finding warrants additional study to test the notion of a 'serious fall' in contemporary times. Moreover, study findings suggest additional inquiry of older adults' person-derived approaches to manage their serious fall. Additional inquiry will help develop predictive models of how older adults can best manage a serious fall and its impact.

Keywords
Serious fall; post-fall experience; lived experience; older adults

1. Introduction

Falls among older adults are a world-wide public health problem of enormous magnitude and cost [1-3], impacting quality of life, overall well-being and safety. The World Health Organization notes they are the second leading cause of unintentional injury deaths among older adults [1]. As falls occur in the lives of older adults, we need a better understanding of older adult's perceptions, causal attributions and thoughts about prevention if we are to prevent falls and to help older adults manage daily living despite the disruption created. Across many settings and populations of older adults who encounter falls, our current practice approach to falls prevention however, is woefully limited, failing to intertwine person-derived understandings and responses to their fall. Greater understanding of how a fall impacts the person can then lead to development of individualized, person-centered approaches to fall management.

Most visible in our current public health paradigm and practice standard for assessing and managing falls is how falls are defined or conceptualized. Falls are conceptualized by providers as a monolithic category or binary event (yes a fall occurred or no a fall did not occur), and too, according to their impact on the body, physically., i.e. the production of an injury, such as fall with injury or fall without injury. Within public health services databases, the notion of a "serious fall" has emerged utilizing an epidemiologic injury prevention paradigm. In this paradigm, fall-related outcomes such as injury and mortality, emergency department utilization, extended hospital stays, readmission rates and increased healthcare costs have been noted [2, 3]. Among healthcare organizations falls are also described as sentinel events [4]. Researchers and providers too describe serious fall related outcomes such as hip fracture [5], traumatic brain injury [6], and overall injury severity [7]. Associated underlying fall risks and causal event factors identified by providers during their assessments are also described [8-10]. In short, falls and their prevention have been clearly substantiated following an injury prevention paradigm, as a preventable public health problem among older adults whose management requires healthcare providers to follow standard of practice investigator-driven, evidence-based recommendations for their prevention [11, 12].

Although the current professional provider recommendation has shaped our clinical practice approach to be inclusive of risks to fall and risks for physical injury outcomes, less well-known and

equally important to understand are older adult's perspectives and conceptualizations of their fall, especially those they deem to be "serious". The limited literature available on older adult's perceptions of not just any type of fall, but a fall deemed by them to be "serious" led to the development of this study. Use of the term "serious" fall [as opposed to a "severe" fall] is the phenomenon of interest to this study; a term derived by older adults themselves when asked by the PI (DGM) in the healthcare encounter to recant their fall experiences. Older adult patients replied, "some of the falls don't mean anything… the serious one's… well… that's a different story". Therefore, understanding the older adult's perspective, including how they define the event is relevant in any healthcare encounter focused on how to tailor interventions to prevent subsequent falls. This study utilized an interpretive phenomenological approach to uncover older adults lived experience and meaning of a "serious" fall.

2. Background and Scientific Rationale for the Study

Studies on interventions for falls prevention have largely been framed within an epidemiological injury prevention paradigm; a paradigm where risks to fall and injure are the main foci of fall assessment and management [12]. While evidence of predictive biological, behavioral and environmental fall risks within this paradigm has led to development of useful predictive fall risk screening tools [13, 14], conceptualizing fall experiences according to risk to fall or risk to injure, sets precedence, as pointed out by Ballinger and Payne [15] to construct the fall experience as external to the self, a view likely to further minimize discussion of the personal impact and significance in daily living to the older adult. Hence, use of a risk analysis framework answers questions related to fall likelihood, but it fails to answer what older adults think about their fall experience(s) and what would they do differently based on their experience and its meaning, if anything, to prevent further serious falls. Both questions here can be useful in predictive modeling.

The gap in the literature of the phenomena of a "serious" fall from the person experiencing it themselves, along with anecdotal accounts by older adults who often report falls to their providers as insignificant or not serious at all, reinforced the need for qualitative inquiry of lived experience and meaning of the "serious" fall to older adults. Person-centered approaches to falls prevention are likely to be more fully understood and embraced by health professionals when explanatory interpretation of lived experiences and meanings are uncovered. The author's firsthand experience of listening to older adult fallers' descriptions of falls as well conducting educational seminars and pilot field research in falls prevention helped the author "turn toward the phenomena" as described in Table 1, thus leading to this present study. The purpose of this study was to describe the lived experience and meaning of a "serious" fall to older adults. The primary research questions guiding this phenomenological study of serious falls among older adults included these research questions: (1) "Can you explain why this fall was a serious fall for you?; (2) For instance, what circumstances, if any, do you consider "serious"? and (3) based on your experience of having a serious fall, what meaning, if any, does it have for you?

Table 1 Application of van Manen's (1999) methodological approach to uncovering the lived experience and meaning of a serious fall.

Procedures	**Activities by the Principal Investigator**	**Data Sources**
1. Turning to the nature of the lived experience-orienting to the phenomenon	Formulating questions Explicating assumptions	Reflection on experiential clinical descriptions of older adult fallers; Review of the literature
2. Conducting the existential investigation in order to explore the phenomenon	Gathering data through personal experience	Face to face interviews (2) with older adults experiencing a serious fall; Tracing etymological sources of words/thoughts from interview data by hand search of code words using the Oxford American Desk Dictionary, 1998; Searching idiomatic phrases from interview data by hand search of code phrases using Morris' Dictionary of Words and Phrase Origins, 1998; hand search using the NTC's Thematic Dictionary of American Idioms, 1997; Obtaining descriptions of the phenomena from a secondary sample of fallers.
3. Immersion in phenomenological reflection	Formation and analysis of incidental, essential and overarching themes Validation of themes with primary and secondary samples	Dwelling with the interview data of words/thoughts, emotions Review of reflexive notes.
4. Phenomenological writing	Gathering data from experiential descriptions in literature	Poetic, literary and historical searches

3. Design and Methods

This was a descriptive interpretive qualitative phenomenological study which included purposive sampling, open-ended interviews with hermeneutic interpretative analysis using van Manen's methodological approach [16]. Purposive sampling allowed for a selection of participants who experienced the phenomena of interest, as they perceived one of their recent falls to be of a serious nature. The methodological approach is an example of existential-phenomenology. Existentialism, as described by Heidegger [17] and Husserl [18] guided the study design by providing a broad context of understanding the "existence" in-the-world of human beings, stressing the importance of the individual, while phenomenology helped the author uncover the essence of the lived experience. It is within the realm of interpretive phenomenology as described by van Manen [16] that lived world and the lived experience can be disclosed by the individual and then interpreted. Methods utilized van Manen's four distinct activities to uncover lived experience [16] (Refer to Table 1). Demographic, fall and injury data were collected from each participant following the initial interview. Descriptive statistics were used to summarize group participants' age, marital status, number of falls and injuries (Refer to Table 2). Institutional Review Board approval was granted for this study as well administrative approval by the Resident Council of the Continuing Care Retirement Community (CCRC). Human subject's protection included administration of informed consent and measures to protect privacy, anonymity and confidentiality.

Table 2 Demographic, fall and injury characteristics of older adult participants (n = 19).

Characteristics	**n (%)**
Age	
Mean	83.3 years (range 67-98 years)
Gender	
Male	2 (10.5)
Female	17 (89.4)
Marital Status	
Married	8 (42.1)
Not married	4 (21)
Widowed	6 (31.5)
Divorced	1 (0.05)
Total Number of Falls Reported	60 (range 1-24)
Number of Participants experiencing:	
1-fall within 6 months	14 (73.6)
2 or > falls	5 (26.3)
Location of Falls	
Indoor	5 (26.3)
Outdoor	14 (73.6)
Post-fall fracture injury	
Yes	4 (21)
No	15 (78.9)

3.1 Participants

The sample included 19 men and women residing in independent living at a CCRC located in the northeastern United States. Inclusion criteria were: individuals over 65 years of age; self report of a recent fall within the past six months which they believed to be serious; and willingness to discuss their fall experience with the researcher. No definition of the term "serious" was provided; rather participants self-identified a serious fall in the past six months based on their own perception of their fall(s). Language used to recruit a purposive sample stipulated, "If you have fallen in the past six months and believe your fall was serious, you may qualify for this research investigation". Some participants asked for clarification of the word "serious" over the initial telephone contact; however no definition was provided, rather participants were instructed to reflect on their own thoughts to make this determination. Exclusion criteria were: persons experiencing a recent fall in six months but deemed the fall not to be serious. Recruitment began by placing an invitation to participate in the study in the mailboxes of 318 residents of the independent living section of the CCRC. Residents who were interested in the study and who met inclusion criteria were asked to place their name and phone number in a designated private and secure mail receptacle at the front desk of the CCRC. The rationale for including persons with a fall within six months' centers on the potential that participants may not be able to recall the entirety of their fall experience, as self-reported fall recall has been shown in prior research to be under-reported [19], especially if an injury occurred [20]. Even though participants experienced a recent serious fall within six months prior to the start of the study, no attempts were made to stop or to discourage participant's from talking about prior serious fall experiences even from long ago. The second step in the recruitment process involved contacting each of the 31 participants. A screening interview was conducted over the telephone to review criteria and discern if participants' met eligibility criteria. Recruitment of the participant sample occurred on a first come basis. No attempts were made to recruit equal numbers of men or women. Nineteen older adults met the inclusion criteria, of which two were men and 17 were women. The remaining 12 met the exclusion criteria.

3.2 Procedures

Two open ended interviews were conducted lasting up to 1.5 hours each in participants' homes. A demographic questionnaire was administered after the first interview. Participants were asked to discuss their experience of falling and to describe and discuss a fall that they considered their most "serious" fall. Participants were asked to tell the researcher everything they could remember about it, like how they felt, what was happening before the fall and what happened during and after the fall. The interviews consisted of two open ended questions: "Can you explain why this fall was a "serious" fall for you?" and "Based on your experience of having a serious fall, what meaning, if any, does it have for you?" Follow-up questions included: "For instance, what circumstances, if any, do you consider serious? Additional exploration of thoughts used an open-ended format. For instance, if the participant replied, it was "awful", the researcher probed further by repeating the phrase or word used to elicit greater clarification. Participants responded to these interview questions with lived experiences and meaning of their thoughts, feelings and actions.

3.3 Data Analysis

The first two interviews of each participant were audio taped. De-identified audiotapes were hand delivered to a hired transcriptionist for typing and returned by hand to the author who read them for completeness. A second interview was scheduled with each participant for the purpose of reviewing the typed transcripts for accuracy and clarity of thought. Following the second interview, the author constructed tables by hand to organize the interview data into three areas: words/thoughts expressed, feelings/emotions expressed and common idioms or phrases expressed by participants in response to the two research questions about lived experience and meaning of their serious fall. The author dwelled with this data continuously for several weeks, extrapolating a list of code words and phrases, emotional responses and verbatim quotes to form theme categories and themes (Refer to Table 3). Emergent code words, idioms and phrases were highlighted from each participant's transcript and then searched for etymology and meaning using old word dictionaries [21, 22]. Theme categories provided a framework for grouping the code words and organizing the data which provided rich descriptive events associated with the serious fall. Each theme category was further searched through dictionary sources for synonyms and related terms and a book of idioms for common phrases [22]. Data collection and analysis occurred simultaneously; data were collected beyond redundancy (the saturation point was reached at the 13th participant). The third interview took place after all themes emerged. During this interview, participants verified if emergent code words, theme categories and the overarching themes captured their experiences and meaning of a serious fall. Data sources for this study were gathered from multiple sources as described in Table 1.

Table 3 Existential investigation: Older adults lived experience and meaning of a serious fall.

Participant responses	Theme Category	Themes
"Suddenly, I was sitting there then the next thing [I know, I'm] dazed, a ridiculous feeling; startled; it's such a shock to hit the floor".	Suddenness-Shock	Altered functional self
"I ended up being practically in bed for 3 weeks (ha-ha)".	Confinement	Altered functional self
"The bad one; shook me up; the horror was when bruises formed".	Traumatic	Altered functional, social and personal self
"Desolate, here I am again, ridiculous absolutely ridiculous; spoiled my vacation".	Frustration-Anger	Altered functional and social self
"I had a purple face-black eyes and then a black mustache and black beard [A face] you could frighten children [with]".	Embarrassment	Altered personal self
"I felt like somebody, a kid, calling "mother, help me"; [I've] lost all power of management; can't manage your body".	Helplessness	Altered functional and personal self
"Scary, not anticipated; I am all alone and I am scared to death; it reinforced old fears; fear of not being able to get up; great, great frightfulness".	Fear of falling	Altered functional and personal self
"I become disabled sooner than I care to; have to be attended to; It's the limitations, who wants to have limitations?"	Fear of potential disability	Altered personal self
"I am getting older and I better stop doing some of these things; I'm getting older obviously".	Aging	Altered personal self
"Pay more attention to my walking; watch my step".	Take actions to prevent falls	Altered functional and personal self

A secondary convenient sample of three older adults who experienced a serious fall verified findings from the primary sample. Validation of emergent themes was also provided by two expert peer reviewers (HL & EG) who rendered opinions regarding the emotional responses and theme categories (Refer to Table 3).

Trustworthiness of the data was established by selection of a purposive sample; triangulation of data through tape-recorded interviews; member check [23], and by eliciting the phenomenological nod, head nodding of affirmation to the researcher's interpretation [24] following final thematic development. The phenomenological nod, an independent nodding of the head or affirmative statement by participants' indicates agreement with the researcher's expressed interpretation of findings [24].

4. Findings

4.1 Participant Characteristics

The 19 independent participants were primarily women (n = 17, 89.4%); married (n = 8, 42%); with an average age of 83 years (Refer to Table 2). These participants experienced a total of 60 falls with most falls occurring outdoors (n = 14, 73.6%). Most participants experienced one or two serious falls (n = 14, 73.6%) which did not involve a fracture type injury. Four participants (21%) reported fractures either of the nose, rib, wrist, patella, or shoulder.

All 19 participants gave rich detailed accounts of their most serious fall. The reality of lived experience of a serious fall caused distress portrayed by a range of emotional responses emerging through three themes: 1) altered functional self; 2) altered social self; and 3) altered personal self; collectively portrayed by the overarching theme "changed life". The meaning of a serious fall was emerged from three themes: aging, fear of potential disability and taking actions to avoid falls in the future.

4.1.1 Theme 1: Altered Functional Self

This theme illustrates the temporal dimension of a serious fall. Appearing out of nowhere, a serious fall was a sudden surprise and shock which caused participants functional limitations in movement and ability to carry out their normal basic activities of daily living. Falls were perceived serious when they were unexpected events associated with change in movement whereby an altered functional self emerged. Serious falls were highlighted by sudden physical pain of movement or the emotional pain and trauma associated with confinement, frustration, anger, fear and helplessness. An 86-year-old widowed female spoke of her two non-injurious falls with frustration. The falls were serious because they were an intrusion that inconvenienced a lot of her life and caused her to realize she has lost control, feeling helpless. Unable to get around and do the things she customarily liked to do, she felt "dread", frustration and anger, stating: "This is ridiculous, absolutely ridiculous; I felt like a kid calling, "Mother help me (ha-ha)". After falling twice in the same exact location, she viewed her serious fall as a sign of "the beginning of the end" for her. Her serious fall created a sense that she had lost control. She was consumed with uncertainty about her future. She viewed herself as slipping backwards toward childhood, helpless and unable to continue to do the things she liked to do, like walking. At age 86, she feared her future would involve the

potential for disability. Living as she did "among hundreds of them" [referring to other independent living residents of the CCRC], a serious fall meant "aging". She replied:

> "If you fall, you may never get up again; *Adults*, after all, don't go around falling"; "It limits your activity; Now, at my age, it's perhaps the end of my walking or the end of a lot of my life".

An 80-year-old married male recalled his two non-injurious falls outdoors while walking to the parking lot to his car. His serious fall was described as the "bad fall" due to extreme pain and the fear of never getting up. The reality of limited mobility plus reliance on an assistive device for mobility greatly impacted his perception of his independence in daily living, bringing up thoughts of the potential for incapacitation. He replied:

> "[I had] great, great frightfulness for all time sake, it made me more scared; I was quite frightened by it; afraid if I fall, I will lose my own independence".

Many other participants were frightened, scared, worried or felt in danger. "*Fear*" was described in a generalized way, and unlike fear of falling, which has futuristic connotation; participant's fear was not necessarily associated with anticipation of the next fall, but rather as an immediate distressing feeling occurring at the time of the present fall. Fear also surfaced in relation to thoughts of one's future self, as experiencing loss of independence and incapacitation.

The emotional response of *trauma* emerged to describe distress associated with physical and/or emotional pain following a serious fall (Refer to Table 3). Physical pain from serious falls was defined as lingering pain or pain interfering with daily living. Such post-fall experiences occurred during activities of daily living such as bathing, walking, dressing, eating and toileting as well as during wound care and rehabilitation. The experience of living constantly with lingering pain, left a mark on participants as a constant reminder of impairment in their ability to carry on daily living activities and function. Psychological pain from serious falls were described as, "the one that shook me up" or the 'bad fall'.

An 83-year-old female said following her one and only serious fall outside: routine activities like, "combing my hair, cleaning my teeth, dialing a phone, stapling papers, laughing, coughing, defecating were miserable to do". A serious fall signaled "not only living with a lot of pain, but emotionally dealing with incapacitation and the fear of being chronic". A serious fall meant potential for helplessness, loss of control of one's own body, being alone and being disgusted in oneself because of the limitations.

The thematic category, *confinement*, emerged through experiences of reduced mobility with inability to get up off the ground or floor or out of bed or experiences of demobilization and changes in lifestyle post-fall (Refer to Table 3). When confined to the ground, participants experienced frustration and anger with the situation or became angry.

An 84-year-old married woman experienced one serious fall outside. Holding a heating pad to her back, she spoke of her life-long history of falling; but nothing she said compared to the most recent, "serious one". This fall was a real surprise. She recalls:

> "I went forward so fast that I landed this way… and I did not have time fortunately to get my hands out to brace… because I'd rather have three broken ribs than two broken wrists (ha-ha). I hit face down".

Compared to prior falls, this fall was *so* serious because of the pain, reluctance to walk without assistance and her altered facial appearance due to a bruised face and a smashed nose. Like others,

limitations in daily living occurred as she became physically dependent on her spouse to come to her aide, thus altering relationships and socializing. She replied:

> "I was very reluctant to walk out of my apartment by myself. When we would go to dinner, I'd take my husband's arm (ha-ha) and not just in affection, but desperation you know, hold me up!"

Theme one shows participant's conceptualizations of a serious fall when they experienced a sudden and restrictive change in their physical functional mobility causing confinement and a need to stay inside to recover (Refer to Table 3). Serious falls engendered considerable emotional distress as participants relived experiences which caused trauma; they were shaken up, in pain, feeling frightened and helpless. These falls were serious because they were an inconvenient intrusion in daily life, relationships and future plans. Altogether, life changed for all participants. While once active, carefree and functionally independent, a serious fall changed everything.

4.1.2 Theme 2. Altered Social Self

Theme two illustrates how participant's perceptions of their roles and relationships within the family context changed as a result of confinement. Not only did serious falls alter prior relationships, they altered participant's perceptions of their social self. Serious falls resulted in reliance on others for assistance, thus altering prior relationships and roles. Impairment in functional self due to confinement and trauma transmitted to social role limitations at the CCRC. Participants described an altered view of their roles as wife, mother-in-law, or independent active resident and member of the CCRC community.

An 80-year-old woman sustained two non-injurious falls outdoors. The falls were serious to her, as she replied:

> "I feel like I am not pulling my weight in the relationship; I've stopped baking, going out doors. I used to move as fast as he did, with comfort… but now I can't, and I have to lean on him a lot. I feel like it's a worry for him when I fall. The serious fall means "becoming disabled sooner than I care to".

Most participants' serious fall occurred outdoors unexpectantly as they were shocked, during causal and very routine activities such as walking on the pavement into one's home or during hobbies like gardening or during leisurely activities such as traveling. For those in the company of others, frustration, annoyance and anger were voiced. One 82-year-old woman who experienced two outdoor serious (but with no fracture injury) falls said the serious fall meant, "I'm getting older and it was time to stop doing some of these things. She replied:

> "I was quite annoyed with myself, so the tour that day I sat around a little restaurant there while the rest of them toured, and from then on I was really lame; the one in Holland fixed me so I couldn't walk very well, I had to give up a lot of the trip".

Theme two findings reveal the impact a serious fall had on the dynamics of existing relationships within one's immediate family and one's social identity in the larger social context of the CCRC. The social identity of many participant's, expressed through their roles of wife, husband, mother- in- law or mother as well as their social image as active residents, were significantly altered as a result of their most serious fall.

Fear of potential disability emerged as participants related fear of lifestyle change, dependency and being cared for by another. Questions about one's future life emerged. In response, many participants took steps to avoid falls by changing lifestyle or by proactively modifying their behavior. Some participants paid more attention to their walking and watching their step. More often the need to achieve a balance was expressed as being able to "slow down, without giving up entirely". Independence, self-reliance and making necessary changes by preplanning activities were important steps for avoidance of future falls.

4.1.3 Theme 3. Altered Personal Self

Theme three captures altered personal image and prestige due to facial bruises, disfigurement and changes in body posture, such as limping or leaning. Observed by fellow residents to rely on an assistive device to walk altered perceptions of their functional and social selves. Participants were frustrated and angered by sudden changes in their appearance, typified by "purple faces". Serious falls were an embarrassing intrusion which inconvenienced their daily lives. Most participants self-selected to remain confined indoors [for many weeks] until their bruises were no longer visible. Although not immobile, participants were emotionally shaken up. For some, their facial appearances were suddenly and drastically altered. One 84-year-old woman said of her serious fall:

> "The horror was when the bruises formed... I would not go out until they were pretty well cleared up ... [I had] black eyes and then a black mustache and then a black beard... right along here [pointing to her face, upper-lip and around to her chin and jaw] ... [I had] A face that would frighten children".

"Standing like the Tower of Pisa" she spoke and laughed out loud about her inability to stand up straight. She perceived herself to be distorted and horrifying to look at, so she shut herself indoors until all visible signs of her injury healed. With reflection, her serious fall meant "getting older". Serious falls impacted a participant's personal image through altered facial appearance. They were embarrassed and felt older.

5. Discussion

Several findings of the older adult's perceptions of a serious fall emerged from this phenomenological study. Serious falls were distinctly unique fall events, unlike other prior falls they experienced. Participants used terminology such as "the bad one" to describe its impact and seriousness to them. Additionally, participants also experienced a variety of emotional responses with their serious fall, such as fear, anger, lingering pain, helplessness and frustration, which they did not experience with other prior falls. Another finding is a new "lived meaning of a serious fall" emerged based on their lived experiences.

Participants in this study represented a purposive sample of older adults who fell on average three times, and at the onset were able to distinguish fall experiences they considered ordinary from those they deemed to be more serious in nature. Participants qualified for inclusion in this study provided they had fallen within the past six months and provided their fall was perceived to be serious. Even though participants were not asked to discuss a time line to discern if the first serious fall was long ago or more recent, and were not asked when the most serious fall occurred in relation to the study year, or if it was a factor in their perception of a serious fall, given the time

and opportunity to talk about it, participants' most serious fall was an unforgettable life changing experience for all.

This unforgettable "serious fall" event highlighted by varying degrees of emotional distress (described in Table 3) suggest it was a significant life changing event and threat to daily living as they knew it. Falls by older people have been listed among the top ten most common sentinel events within healthcare facilities [4]. Participants in this study spoke in detail about their serious fall as if it was yesterday. They vividly recalled emotional responses, thoughts and perceptions, and action steps they took, as they shared their life stories and meaning of a serious fall. Recollection and reflection of their most serious fall framed their view of their current selves, as alterations in their prior self as they compared what happened with the serious fall to their current self. Discussion of their most serious fall set in motion a reframing of their outlook on themselves and likely how they perceived subsequent falls as well. Participants were able to compare themselves today to those past events which defined their serious fall. The reality of the experience of a serious fall led participants to a re-conceptualization of their functional self, perceptions of their own health and aging, personal security and prestige, and social image and identity. In essence, a serious fall threatened daily functioning and overall living and changed life, as they knew it. It became a memorable life changing event. Perception of their function, health and social identify shifted as independent lifestyles were immobilized and altered through sudden confinement, trauma, fear, pain, feelings of helplessness and embarrassment; all together, daily living as they knew it and social roles were changed. Current roles and lifestyle were hinged to independence in their ability to walk, travel and socialize, which ultimately became interrupted due to physical limitations imposed, expressed by lingering post-fall pain and disfigurements. Altered "social image" occurred when participants were confined indoors, unable to attend social gatherings due to alterations in appearance due to "smashed faces" and altered images.

A serious fall, as defined by older adults lived experiences and meaning is a person-centered phenomena, taking into consideration the overall impact and severity the fall has taken within one's life as well as within one's self. In contrast, studies on perception of falls by older adults have largely studied "fall occurrences" to the ground which have been defined by healthcare providers. The 12 older adult residents, who were excluded because they construed their fall not to be serious, speak to the semantic differences acknowledged by older adults between the two terms "serious falls" and "falls". Language used and the interpretation of the language and its meaning is of importance in fall prevention interventional research. Findings from this present study reinforce prior research findings that older adults interpret the meaning of a fall in many different ways [25].

The second study finding which warrants discussion is the wide variety of emotional responses and distress voiced and lived by all 19 participants. Hence, while most participants escaped physical injury such as fractures, psychological injury and emotional responses were inescapable. Feelings of anger and annoyance, helplessness, shock, along with fear occurred. Several types of fear emerged: fear while on the ground, fear of falling and fear of potential disability. Fear of falling was expressed by many participants in this study, and like other studies was expressed in relation to future incapacitation and fear of dependency [26]. Most participants in this study were significantly distressed and equated their "serious" fall with the notion of loss of independence as they actively gave up current activities and altered their lifestyle. Only a few participants in this present study spoke of taking action to prevent additional falls, as most appeared to withdraw from activities. These study findings are consistent with Yardley and Smith's [27] research who found older people

not only feared functional incapacity but their fear was correlated with avoidance of activity and predicted avoidance in activity six months later.

In relation to the physical trauma which occurred, only four participants incurred a fracture-type injury as a result of their most serious fall. Yet the majority perceived their falls to be serious. Conceptualization of a serious fall according to changes in functional, social and personal selves may more aptly characterize a serious fall for older adults than conceptualizations which link serious falls to physical injury or fractures outcomes.

The third study finding of concern is the lived meaning of a serious fall. All participants felt either older and fear potential disability *or* they talked about taking action immediately by modifying daily routines to prevent future falls. Most participants felt older and feared potential disability. The study finding of taking action to prevent falls fits thematically with Kilian's [28] research findings related to older adults' thoughts on risk to fall and their common sense act of planning activities which created a sense of personal safety and confidence. However, relatively few participants in this study expressed thoughts of pre-plan activities or common sense activities to avoid falls; rather they avoided activities through confinement. This study finding may be related to participant's view of a serious fall as an unexpected event as found in other research. Porter [29] found the intentions of older homebound women to reduce the risk for falling again was related to their perception of the event; if unexpected, they were uncertain if they could prevent another fall, voicing few preventive intentions. Additional research has found the oldest older adult- aged 90, to have the most restrictions in getting up after a fall especially when lain on the floor for one hour or more [30]. As it related to this study, many participants voiced being confined or laid up for days following their fall and at the time of the fall they were immobilized, restricted or unable to move for quite a while. The length of time varied among participants and no attempt was made to inquire about the length of time they were incapacitated. Moreover, participants self-reported restriction of activities is thought to be a critical mediating factor between fear of falling, balance/mobility and fall risk [31].

For many participants, a serious fall meant the beginning of the end. Older adults perceived themselves declining and felt as if they were aging. These findings echo prior research on older people's perceptions of and coping with falling which found falls to be shameful and make them feel embarrassment [32-34]. Likewise, similarities can be drawn to Kingston's [35] metaphorical analysis of the phenomenon of a fall among older adults in later life, equated to a "decline".

Overall, findings from this study offer new insights to the notion of a serious fall beyond current conceptualizations typically portraying physical injury outcomes as the major outcome or sociological theory which explains the social constructs of falling [35]. Of greatest concern were the emotional responses, negative perceptions and meanings and inability to function independently and socially as once before the serious fall.

5.1 Limitations of Present Study

There are a few limitations to this study. First, all of the participants were white, and most were female. Greater attempts should be made in future study to sample equal numbers of men and women to see if gender or multicultural differences exist around lived experience and meaning of a serious fall. Second, if the study was repeated it should not be limited to serious falls occurring during the prior six months, as serious falls are potentially sentinel events which have meaning even if they occurred long ago. Third, the author did not inquire about the year when their most serious

fall occurred in relation to the current year of research study. This information would help to add context to the experience of a sentinel event such as a serious fall.

5.2 Implications for Research and Practice

These findings suggest new strategies are urgently needed in practice to integrate older adult's lived experience, lived meaning, conceptualizations of serious falls into current post fall assessment tools which contain individualized, tailored and person-centered plans of care. Qualitative inquiry of a serious fall directed at lived experience and lived meaning is one step toward the ultimate goal of fully informing post-fall care so that plans of care and intervention strategies can be co-created by and for older adults.

While there is a growing body of qualitative research looking at older adults' perceptions of falls, communication of risk to fall and meaning of falls, next steps for research should explore serious falls as life changing events. Critical characteristics of the person experiencing the life changing event require exploration, such as gender, cultural, personality, behavioral or lifestyle factors, which are contributory factors of older adult's lived experiences, meanings and overall conceptualizations. In this study, a serious fall altered personal, functional and social selves as well as held meaning of potential disability, increased vulnerability and a feeling of 'being old'. This later finding is consistent with current research [36]. Using the theoretical framework of the Common Sense Model of Self-Regulation [37] greater research study is needed on the concrete experiences of elderly persons experiencing a serious fall (health threat) and the meanings attached with respect to how they manage, cope and evaluate their overall health and quality of life.

6. Conclusion

Findings from this study support the notion that a serious fall exists within the lives of older adults which is quite different than healthcare providers conceptualizations-centered mainly on physical injury outcomes. Perceived as an unexpectant, unpleasant, intrusion in life, a "serious" fall was a life changing event which changed life for *all* participants. Thus, based on these primary sources of lived experiences and meaning, a broader conceptualization of a serious fall has emerged, one which is quite different than current views portrayed in the geriatric literature. Future research with diverse ethnic groups of older men and women from various living communities would help to more fully understand this phenomenon.

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Author Contributions

The author did all the research work for this study.

Competing Interests

The author reports no conflict of interest.

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